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PTO/SB/01 (12-97)
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number	141-242A
	First Named Inventor	Boyong Li
	COMPLETE IF KNOWN	
	Application Number	10 / 071,257
	Filing Date	February 8, 2002
	Group Art Unit	1615
	Examiner Name	Not yet known.

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

IMPROVED CONTROLLED RELEASE ORAL DOSAGE SYSTEM

the specification of which (Title of the Invention)
☐ is attached hereto
OR
☒ was filed on (MM/DD/YYYY) **02/08/2002** as United States Application Number or PCT International Application Number **10/071,257** and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/ 267,456	02/08/2001	
60/ 267,457	02/08/2001	

(Page 1 of 2)

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DECLARATION — Utility or Design Patent Application

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

☐ Customer Number

OR

☒ Registered practitioner(s) name/registration number listed below

Place Customer
Number Bar Code
Label here

Name	Registration Number	Name	Registration Number
Alan B. Clement	34,563		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to: ☐ Customer Number or Bar Code Label ☒ Correspondence address below

Name	Alan B. Clement				
Address	Hedman & Costigan, P.C.				
Address	1185 Avenue of the Americas				
City	New York	State	NY	ZIP	10036
Country	US	Telephone	212-302-8989	Fax	212-302-8998

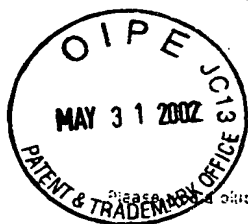
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor: ☐ A petition has been filed for this unsigned inventor

Given Name (first and middle (if any))	Family Name or Surname
Boyong	Li

Inventor's Signature				Date	5/7/02
Residence: City	Davie	State	FL	Country	US
Post Office Address	4010 Southwest 72nd Terrace				
Post Office Address					
City	Davie	State	FL	ZIP	33314
				Country	US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

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Page 3 of 3

DECLARATION				ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3			
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Avinash				Nangia			
Inventor's Signature				Date			
Residence: City	Weston	State	FL	Country	US	Citizenship	
Post Office Address	1052 Waterside Circle						
Post Office Address							
City	Weston	State	FL	ZIP	33327	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Chih Ming				Chen			
Inventor's Signature				Date	5/7/02		
Residence: City	Davie	State	FL	Country	US	Citizenship	
Post Office Address	10680 S.W. 40th Manor						
Post Office Address							
City	Davie	State	FL	ZIP	33328	Country	US
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle (if any))				Family Name or Surname			
Xiu Xiu				Cheng			
Inventor's Signature				Date			
Residence: City	Davie	State	FL	Country	US	Citizenship	
Post Office Address	3150 W. Rolling Hills Circle						
Post Office Address	Apt 505						
City	Davie	State	FL	ZIP	33328	Country	US

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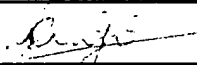
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 3 of 3

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Chih Ming				Chen			
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Xiu Xiu				Cheng			
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Residence: City	Davie	State	FL	Country	US	Citizenship	
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Post Office Address	Apt. 506						
City	Davie	State	FL	ZIP	33328	Country	US

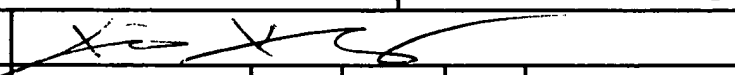
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DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u>3</u> of <u>3</u>
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